## **Amendment Transmittal & Petition for Extension** of Time under 37 CFR 1.136(a)

**Docket Number** 

WSP241US

Address To

JUL 1 5 2009		Commissioner for P.O. Box 145 Alexandria, Virginia 2	0						
A STATE OF THE STA	<del></del>	Title of Inventi	on						
MEANS AND METHOD FOR SEALING CONSTRUCTIONS									
First Named Inventor	Knut Asendorf								
Application No.	10/557,620								
Filing Date	November 18, 2005	5	07/15/2009 SDENBOB3 00000030 10557620						
Examiner	Pegah Parvini			1 FC:2253	555.00 OF				
Art Unit	1793								
This is also a petition u application.	nder the provisions (	he above-identified applicated of 37 CFR 1.136(a) to extension own below (check time per	nd the period f	or filing a re	eply in the above identified				
Fee Calculation									
		Extension of Tim	e Fee						
One month (37 CFR 1.17(a)(1))  Two months (37 CFR 1.17(a)(2))  X Three months (37 CFR 1.17(a)(3))  Four months (37 CFR 1.17(a)(4))  Five months (37 CFR 1.17(a)(5))									
		Claims as Amend	ded	· · · · · · · · · · · · · · · · · · ·					
For	#Filed	#Previously Paid For	#Extra	Rate	Fee				
Total Claims	23	- 20 =	3	x 26 =	\$78				
Total Indep. Claims	3	- 3 =		x 110 =					
	M	ultiple Dependent Claims (							
			n Fee (from ab		\$555 \$633				
X Applicant claims small entity status. See 37 CFR 1.27. TOTAL									
		Method of Payr	nent		<u> </u>				
☐ Deposit Account	Credit Card	X Check ☐ Money	Order 🔲 C	ther:					
Deposit Account Num	ber 50-0822								
Charge the fee(s) Charge any additi Charge fee(s) ind Credit any overpa If an additional exwhich may be red	set forth above ional fee(s) or under icated above, exceptyments tension of time is required to the Deposit	quired, please consider this Account above.	7 CFR 1.16 and a second	nd 1.17 refor and cl	narge any additional fees				
		n may become public. formation and authoriz			on should not be included 138.				
Amount Grand Total									

## Amendment Transmittal & Petition for Extension of Time under 37 CFR 1.136(a)

**Docket Number** 

WSP241US

Correspondence Address								
Customer Number	49003							
	<b>7.</b>	-OR-						
Name	JUL 1 5 2009		-					
Address	THE TRACEMENT OF THE							
City			State					
Country			Postal Code					
Phone Number								
E-mail Address								
Certificate of Mailing by Express Mail  I hereby certify that this Amendment and Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:		Certificate of Mailing by First Class Mail  I hereby certify that this Amendment and Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:  July 13, 2009  Michael L. Dunn  (Date of Mailing)  (Signature of Person Mailing Correspondence)						
(Typed or Printed Name of Person Mailing Correspondence)  (Signature of Person Mailing Correspondence)		accompanying to the United S	tify that this A g documents, an States Patent an	icate of Transmission  mendment and Petition for Extension of Time, and fee authorization are being facsimile transmitted and Trademark Office on the date indicated below:				
("Express Me	ail" Mailing Label Number)	(Date of T	Transmission)	(Name of Person Transmitting Correspondence)				

## Signature Instructions

Select the name of the person who will electronically sign the Amendment and Petition for Extension of Time from the drop-down box below.

(Signature of Person Transmitting Correspondence)

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

Signatory Drop-Down Box

Dunn, Michael L.

Name	Michael L. Dunn		Registration Number	25,330
Signatory Capacity	Attorney for Applicant(s)	E-mail Address		
eSign	Muhuel		Date Sig	gned 7/13/09